MAINE HEALTH ALERT NETWORK

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*****ADVISORY – Important Information*****

TO: All HAN Recipients

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SUBJECT: **Maine CDC Update on Novel H1N1**

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Maine CDC Update on Novel H1N1
August 12, 2009

The purpose of this health advisory is to provide information on four important novel H1N1 updates recently issued by U.S. CDC. They are: changes to the recommended **isolation period** for people recovering from an influenza-like-illness; updated guidance for **K-12 schools** to respond to H1N1 influenza; **H1N1 vaccine recommendations**; and informational resources for those **planning vaccination clinics**. Additionally, this health advisory provides a list of strategies to **keep informed about H1N1**, which is especially important given the likelihood of pandemic escalation over the fall and winter.

CDC Recommendations for the Amount of Time Persons with Influenza-Like-Illness Should be Away from Others

CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications.

This guidance does **not** apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer; see http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm for updates about the health care setting. This revision for the community setting is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption.

Decisions about extending the exclusion period should be made at the community level, in conjunction with local and state health officials. More stringent guidelines and longer periods of exclusion – for example, until complete resolution of all symptoms – may be considered for people returning to a setting where high numbers of high-risk people may be exposed, such as a camp for children with asthma or a child care facility for children younger than 5 years old.

Epidemiologic data collected during spring 2009 found that most people with the 2009 H1N1 influenza virus who were not hospitalized had a fever that lasted 2 to 4 days; this would require an exclusion period of **3 to 5 days** in most cases. Those with more severe illness are likely to have a fever for longer periods of time. Although fever is a component of the case definition of influenza-like illness, the epidemiologic data collected during spring 2009 found that a minority of patients infected with the 2009 H1N1 influenza virus with respiratory symptoms did not have a fever.

Sick individuals should **stay at home until the end of the exclusion period**, to the extent possible, except when necessary to seek required medical care. Sick individuals should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected, since elevated temperature is associated with increased shedding of influenza virus. **CDC recommends this exclusion period regardless of whether or not antiviral medications are used.** People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications**. Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people **cover their cough and wash hands often**. To lessen the chance of spreading influenza viruses that are resistant to antiviral medications, adherence to good respiratory etiquette and hand hygiene is as important for people taking antiviral medications as it is for others.

Fever-reducing medications, that is, medications containing acetaminophen or ibuprofen, are appropriate for use in individuals with influenza-like illness. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have influenza; this can cause a rare but serious illness called Reye's syndrome. The determination of readiness to return to school, businesses, or other community settings should be made when at least 24 hours have passed since the ill person's temperature first remained normal without the use of these medications.

Visit: http://www.cdc.gov/h1n1flu/guidance_homecare.htm for more information on caring for sick persons in the home.

For the full CDC Recommendations on Isolation Periods:
http://www.cdc.gov/h1n1flu/guidance/exclusion.htm

Updated Guidance for Schools for the Fall

The guidance reflects what we learned this spring and what we must plan for this fall.

US CDC H1N1 School Website
http://www.cdc.gov/h1n1flu/schools/

CDC Guidance for State and Local Public Health Officials and School Administrators
http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm

Technical Report for State and Local Public Health Officials and School Administrators on CDC Guidance http://www.cdc.gov/h1n1flu/schools/technicalreport.htm

Preparing for the Flu: A Communication Toolkit for Schools (Grades K-12)
http://www.cdc.gov/h1n1flu/schools/toolkit/

These documents provide guidance to help decrease the spread of influenza among students and school staff during the 2009-2010 school year. This document expands upon earlier school guidance documents by providing a menu of tools that school and health officials can choose from based on conditions in their area. It recommends actions to take this school year and suggests strategies to use if we determine that the flu starts causing more severe disease. The guidance also provides a checklist for making decisions at the local level. Detailed information on the reasons for these strategies and suggestions on how to use them is included in the Technical Report. Based on the severity of 2009 H1N1 flu-related illness thus far, this guidance also recommends that students and staff with influenza-like illness remain home until 24 hours after resolution of fever without the use of fever-reducing medications.

For the purpose of this guidance, "schools" will refer to both public and private institutions providing grades K-12 education to children and adolescents in group settings. The guidance applies to such schools in their entirety, even if they provide services for younger or older students. Guidance for child care settings and institutions of higher education will be addressed in separate documents.

The decision to dismiss students should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. Still, although the situation in fall 2009 is unpredictable, more communities may be affected, reflecting wider transmission. The overall impact of 2009 H1N1 should be greater than in the spring, and school dismissals may be warranted, depending on the disease burden and other conditions. (See the Technical Report for discussion of the kinds of circumstances that might warrant preemptive school dismissals.)

Novel H1N1 Vaccination Recommendations

Every flu season has the potential to cause a lot of illness, doctor's visits, hospitalizations and deaths. CDC is concerned that the new H1N1 flu virus could result in a particularly severe flu season this year. Vaccines are the best tool we have to prevent influenza. CDC hopes that people will start to go out and get vaccinated against seasonal influenza as soon as vaccines become available at their doctor's offices and in their communities (this may be as early as August for some). The seasonal flu vaccine is unlikely to provide protection against novel H1N1 influenza. However **a novel H1N1 vaccine is currently in production and may be ready for the public in the fall.** The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine.

CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the virus will be during the fall and winter months, the ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

The groups recommended to receive the novel H1N1 influenza vaccine include:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age**
    - **Children from 6 months through 18 years of age** because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and

- **Young adults 19 through 24 years of age** because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,

- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

Full CDC Recommendations for Novel H1N1 Vaccine:
http://www.cdc.gov/h1n1flu/vaccination/acip.htm

CDC Planning Guidance for Vaccine Clinics

CDC has also issued guidance for health and other officials planning vaccine clinics. This may be found at: http://www.cdc.gov/h1n1flu/vaccination/statelocal/

Stay Informed

Check the Weekly Wednesday Updates:
Check the Wednesday updates on H1N1 in Maine on Maine CDC's H1N1 website: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml.

Attend the H1N1 Summit:
Register for the H1N1 Summit to be held on August 20th at the Augusta Civic Center. Online registration can be done at: http://www.maine.gov/dhhs/boh/h1n1-summit.html. The cost is $15, which includes lunch.

Sign Up to Receive Health Advisories:
Sign up to receive urgent updates from Maine CDC's Health Alert Network (HAN). The easiest and quickest way is to sign up is through the HAN Alert RSS feed at www.mainepublichealth.gov (midway down the center of the homepage).

Follow Maine CDC's Updates and Other Information on:

- Facebook (search for "Maine CDC"),
- Twitter (http://twitter.com/MEPublicHealth),
- My Space (www.myspace.com/mainepublichealth), and/or
- Maine CDC's Blog (http://mainepublichealth.blogspot.com/).

Attend Maine CDC Conference Calls:
Maine CDC is hosting regular conference calls, usually Monday noontimes on specific H1N1-related topics each week. Schedule and call-in information can be found on the Wednesday H1N1 Update.

Consider Calling or Emailing Us:

- For clinical consultation, outbreak management guidance, and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- General Public Call-in Number for Questions: 1-888-257-0990
  NextTalk (deaf/hard of hearing) - (207)629-5751
  Monday - Friday 9am - 5pm
- Email Us Your Questions at: Sue.Dowdy@maine.gov

Check Basic H1N1 Websites:

U.S. CDC H1N1: http://www.cdc.gov/h1n1flu/
Maine CDC H1N1: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml